Agenda – Public Accounts Committee

Meeting Venue:

Committee Room 3 – Senedd

Meeting date: 10 June 2019

Meeting time: 13.15

For further information contact:

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Committee Clerk

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(Private Pre-meeting)

(13.15 – 13.30)

1 Introductions, apologies, substitutions and declarations of interest

(13.30)

2 Management of follow up outpatients across Wales: Evidence Session with the Welsh Government

(13.30 – 15.00) (Pages 1 – 32)

Research Briefing

PAC(5)-15-19 Paper 1 – Welsh Government

Dr Andrew Goodall – Director General HSS/Chief Executive NHS Wales

Dr Chris Jones – Deputy Chief Medical Officer, Welsh Government

3 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

(15.00)

Item 4

4 Management of follow up outpatients across Wales: Consideration of evidence received

(15.00-15.15)

Agenda Item 2

Document is Restricted

Public Accounts Committee – Management of follow up outpatients across Wales

Evidence Paper

Management of follow up outpatients across Wales

Introduction

In 2015 the Auditor General (Wales Audit Office) undertook a review of outpatient follow-up and the findings were published in May 2016. In 2018, the Auditor General undertook a further review on outpatient follow ups and published another report, summarising the progress made by each health board since 2015-16, including recommendations for the NHS and Welsh Government.

This evidence paper reports on the progress in implementing the recommendations made in the Wales Audit Office (WAO) report on **Management of follow up outpatients across Wales** published in October 2018. Responsibility for delivering the report recommendations is shared between the Health Boards (HBs) and Welsh Government (WG).

The Health Parliamentary Review and, the Welsh Government response to that review "A Healthier Wales" describe the increasing demands and new challenges that face the NHS and social care in meeting the changing needs of the population. These changes include an ageing population, lifestyle changes, public expectations and new and emerging medical technologies. Secondary care services have struggled to adapt. The speed and impact of improvements has not been enough to keep pace this is however not unique to Wales.

Outpatient departments see more patients each year than any other department within the NHS, with approximately 3.1 million patient attendances a year across Wales. Outpatient departments in secondary care see both new and follow-up appointment as well as providing some treatments.

Over the last 20 years, follow-up outpatient appointments (an attendance to an outpatient department following an initial contact or first outpatient attendance) have made up approximately three-quarters of all outpatient activity in Wales. Follow-up requirements have the potential to increase further under the current models of care with an aging population and a growth in those with chronic conditions and comorbidities. The need to change the model is imperative to ensure clinical capacity is optimally utilised to meet future demands and deliver the improved outcomes.

Follow-up care is a key aspect of a patient's pathway. There are a number of important elements of care which can be delivered through this process:

- Decision on treatment needs.
- Perform a procedure.
- A review following an emergency or non-emergency inpatient hospital spell or an Accident and Emergency (A&E) attendance to an A&E clinic for the continuation of treatment.
- To review investigations results.
- Support the management of conditions or monitoring and managing patients with chronic disease or lifelong conditions.
- Detect deterioration and prevent admissions.
- Meet patient expectations.

The basic model for delivering outpatient services has remained relatively unchanged since the inception of the NHS 70 years ago. It is essentially face-to-face consultations with a specialist in a hospital clinic setting. This traditional approach to outpatient services is not able to keep up with growing demand and fails to minimise disruption to patients. While some follow-up outpatient appointments are clinically required, a large proportion may be unnecessary or can be undertaken using an alternative model of care. These include opportunities for flexibility around patients and greater use of the available technology

"A Healthier Wales" is quite clear that in the future people will only go to a general hospital when it is clinically appropriate, designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital-based care is needed, it can be accessed more quickly. This means that the traditional model of outpatient services is being challenged, and there are opportunities to support patients to be experts in their own care, shift settings, use different staff and also take advantage of technology.

In recognition of the urgent need to transform planned care services, the National Planned Care Programme (NPCP) was established in 2015. The NPCP aims to achieve a sustainable service for planned care specialties. It is doing this by working with and supporting NHS organisations to make effective changes in their service provision. The focus of work is upon those specialities where there is either clinical risk to a patient following a long wait for treatment or where there are unacceptable long waits for treatment. These are ophthalmology, orthopaedic, ears, nose and throat, urology and dermatology. Whilst the NPCP has been developed to support and work alongside the service, increasingly it is highlighting areas for compliance and improvement. The nature of its advice is becoming more directive under Welsh Government expectations.

The Report

In summarising the position across Wales, the Auditor General found that health boards had made some progress in response to its recommendations in its 2016 report. However the pace and impact on reducing the backlog of delayed follow-up appointments is limited, with significant variations between specialties and health boards across Wales.

The follow up outpatients report was presented to the OSG (October 2018), NPCB (November 2018) and the Productivity and Efficiency Board (November 2018).

The 2018 report sets out a number of recommendations all of which have been accepted by the Welsh Government. Key actions and activity undertaken in response to each recommendation are recorded in this paper.

Recommendation 1: Set a clear ambition

Vision / ambition for outpatients

The outpatients steering group has set out a clear vision and ambition for outpatients (both new and follow up appointments). This was created following a detailed consultation with patients and clinicians to establish a vision for outpatients.

The agreed vision for outpatients is:

Outpatients for 21st Century Wales

To enable people to receive the right care, from the right person, at the right time, in the right place.

- Ownership of health and care by enhancing the roles of patients and communities
- Changing and modernising professional roles and boundaries
- Rethinking the location - close to home is the default
- Using new information and technologies
- Intelligent use of data and measurement for outcomes

It is recognised that changing the traditional model of outpatients will take time and that this needs to be driven by transformational change. In order to support health boards in this area, the Planned Care Programme Board has agreed that there will initially be a focus on four pathways for transformation. These are:

Orthopaedic – to reduce major joints follow up appointments through a patient reported outcome and a virtual appointment.

ENT – the consistent application of clinically developed follow up guidelines to reduce overall follow up appointments.

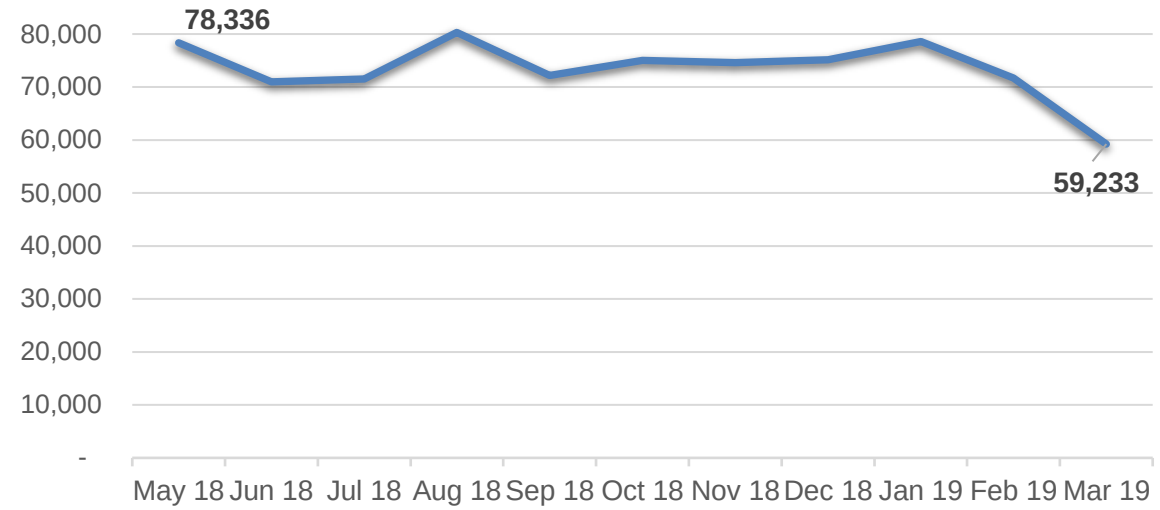
Urology – the introduction of a supported self-management pathway for stable prostate cancer patients will reduce the need for regular face to face follow up appointments.

Ophthalmology – to embed services within the community to enable the majority of stable glaucoma patients to be followed up by a non-medic**.**

<u>Agreeing a target and timeframe to reduce the number of patients delayed twice as long as they should be waiting</u>

Consideration about the nature of a target for follow up outpatients has been given by a number of boards including the NHS Chief Executives, Planned Care Programme Boards and the Outpatient Steering Group. It has been agreed that a clinical approach needed to be adopted for the current financial year and that new targets should focus upon ensuring that patients are not coming to harm whilst on the waiting list. In order to assess this health boards have prioritised ensuring that all patients have a clinically agreed review date. Progress has been made as shown in figure 1 with a 24% improvement achieved between May 2018 and March 2019

Figure 1: Number of patients without a clinically agreed target review date



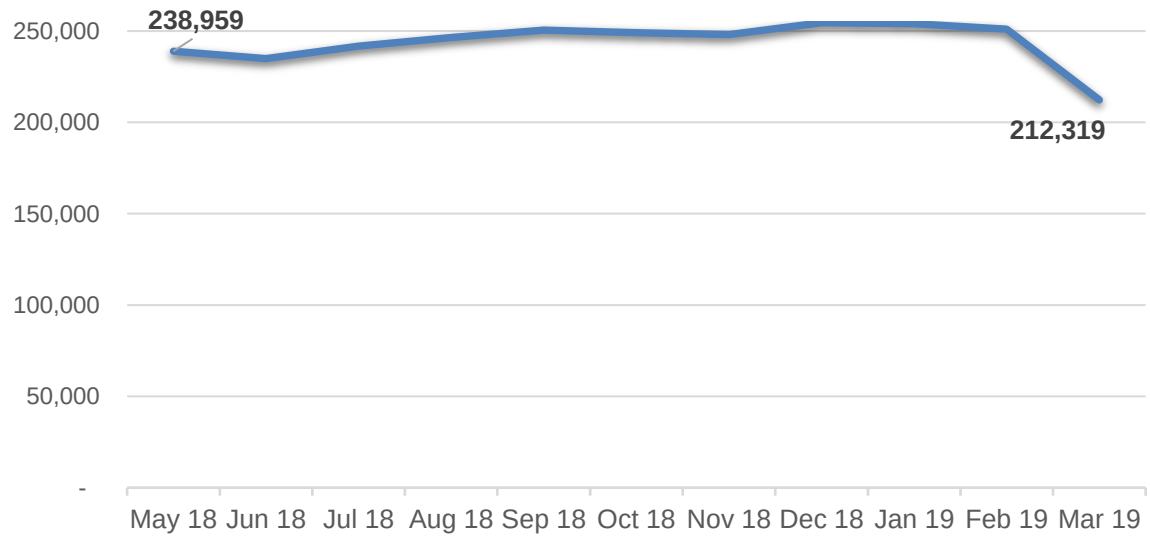
A large part of this improvement can be attributed to Cardiff and Vale University Health Board as part of their agreed commitment to validate their local figures. They and all health boards have committed to ongoing improvements in this area.

This improvement is expected to continue and health boards have been asked to ensure that all patients have a review date by the end of December 2019, and that systems are in place to ensure this continues.

In order to manage the waiting list effectively, health boards need to be clear about who needs to be seen and by when. To do this, health boards need to prioritise appointments for the number of patients being delayed.

Figure two highlights some improvements in the current year highlighting a reduction of 11% in the total number of patients delayed over 100% beyond their target review date.

Figure 2: The number of patients delayed 100% beyond their target review date

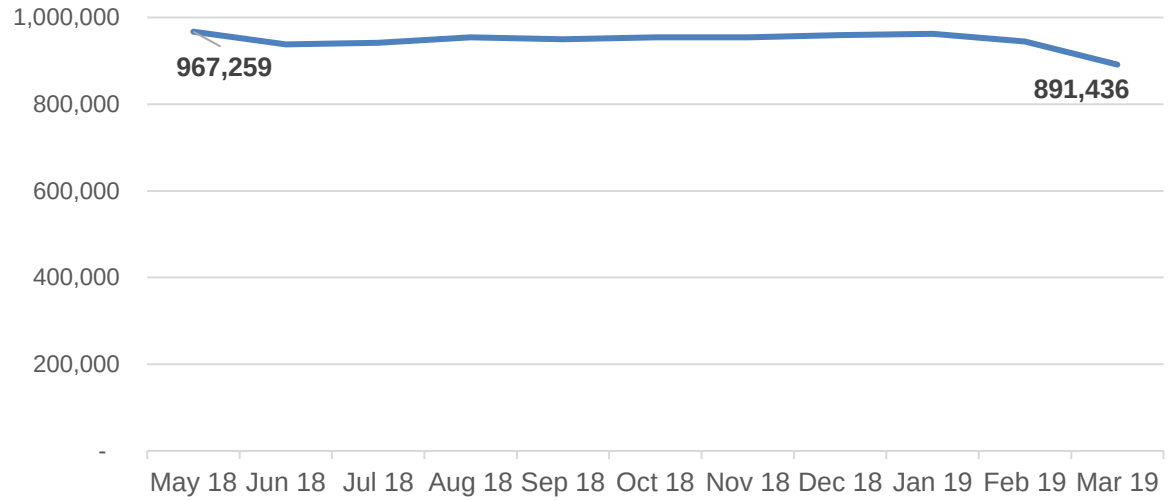


Given the potential for clinician risk, health boards are required to focus their activity on the specialities of high clinical risk such as cardiology, urology and ophthalmology. They are required to ensure a reduction of 15% by March 2020; with a further 20% (minimum) reduction required in the following two years. This will result in a reduction of 31,800 in the current year, followed by a further reduction of 42,000 the following year, but critically, driven by an emphasis on clinical risk. The Auditor General highlighted that Cardiff and Vale University Health Board had developed a robust model for clinical risk assessment. This has been developed further and shared with all health boards as the basis for developing their own internal approach,

In order to support the clinical prioritisation, a new measure for all eye care patients has been introduced. This is the first time that a target has been set for both new and follow up patients across the UK and is a signal of intent for Wales. They may extend to other specialisations. This was launched and announced by the Minister in August 2018.

There remains a need to reduce the overall size of the waiting list for both new and follow up outpatients. Over the last 12 months this has started to happen and the waiting list has reduced by around 8% from May 2018 as shown in figure 3. Targeted and increased validation will continue to support this reduction.

Figure 3: Patients waiting for a new or follow up outpatient appointment



In response to the WAO recommendations, the following targets have been agreed for the financial year 2019/20:

- All health boards to have allocated a clinical review date to 95% of all patients on a follow up waiting list by December 2019
- All health boards to have allocated a clinical risk factor to 98% of patients on the eye care outpatient waiting list by December 2019
- All health boards to report accurately see on symptoms patient pathways by December 2019
- The follow up waiting list to be reduced by at least 15% by March 2020, a further 20% by March 2021 and a further 20% by March 2022.
- Reduce the number of patients delayed by over 100% by at least 15% by March 2020, a further 20% by March 2021 and a further 20% by March 2022.

Recommendation 2: Strengthen the national delivery structure, and **Recommendation 5:** Align the priorities of the national resources

The national delivery structures for NHS Wales are all being reviewed as part of the developments within the NHS Executive proposed in “A Healthier Wales”. This includes the future state of the national programmes as well as the delivery structures. None of this will remove the organisational responsibility of health boards to deliver an outpatients service and ensure quality and performance.

Whilst the development process for the NHS Executive is underway, both the PCPB and OSG have reviewed their governance and membership. The underpinning structure of both groups have been reviewed and strengthened. Additional resources have been made available to both programmes, in the form of staff resources. An agreed work plan has been agreed for the current financial year. Regular updates and reports are presented to NHS Chief Executives and NHS Medical Directors.
The Chief Executive of the NHS and Deputy Chief Executive of the NHS meet with the clinical lead from the programme regularly to assess progress.

The PCPB meets quarterly, the OSG will meet monthly Additional meetings have been set up with Chief Operating Officers at each health board on a quarterly basis with the Chair of the OSG and Welsh Government to ensure progress is being made.

Recommendation 3: Develop a clear plan to support national level service developments

A work plan is in place for 2019/20 and this has been developed and agreed by the Planned Care Programme Board. An overview is attached at Annex 1.

Work is in place to develop a National Outpatients Plan. Each health board has been tasked with producing their Outpatients Plan to achieve the improvements highlighted in this evidence paper. This will form the basis of a national operational plan.

Recommendation 4: Plan sustainable services

The annual planning guidance issued last year included a requirement to ensure that the health boards plans for 2019/20 contained clear, funded actions to develop a sustainable outpatients service with clear actions to focus on the priorities outlined by each speciality board. Each health has produced an outpatients' sustainability plan and presented these to the outpatient steering group on the 1 April 2019. The PCP team will now work with health boards to ensure that these plans are implemented.

Recommendation 6: Strengthen and focus performance accountability

Welsh Government are working with the NHS at all levels to ensure that all the programme recommendations are implemented. There is a clear expectation that health boards will implement these at pace and they have been fully referenced in health board plans as priorities. Welsh Government has a robust delivery and performance framework. Since September 2018, outpatients, follow up outpatients and the new eye care measure have been fully integrated into that framework.

Follow up outpatients' performance and sustainability discussions are an integral part of each stage of the framework as follows:

- **Outpatient dashboards** - Through the national outpatient steering group a focused dashboard has been developed with the NHS to capture and report progress against the areas highlighted in the WAO review and the new targets being introduced. This is updated by each health board every month. It is discussed and challenged both in the national group and through individual organisational quality and delivery meetings. Group discussions allow for exploring and sharing good practice but also provides peer challenge.
- **Performance phone calls** – these are held every two weeks with each health board to assess their ongoing delivery and performance. Progress against reducing follow ups is covered in those discussions.
- **Quality and Delivery meetings** – held regularly between the Delivery and Performance team of the Welsh Government and senior leadership teams within each health boards. These meetings are aimed at assessing the progress made by the health board against their agreed plans. Follow up outpatients and progress made against outpatient transformation is a regular agenda item.
- **Joint Executive Team meetings** – held twice a year between the NHS Chief Executive and his senior team with the Chief Executive of a health board and their senior team.
- **Chairs / Chief Executive meetings** – whilst not addressed at every meeting, progress against follow up outpatients is covered on a regular basis.

In addition to the above, the planned care team hold regular site meetings with each health board to support the transformational aspect of the programme. Each health board is required to report progress at each of the speciality implementation board and at the outpatient steering group. The outpatient steering group has developed a scorecard for each health board to complete and report on monthly at the outpatient meetings. Health boards are required to highlight what progress they have made, share good practice and corrective actions where appropriate.

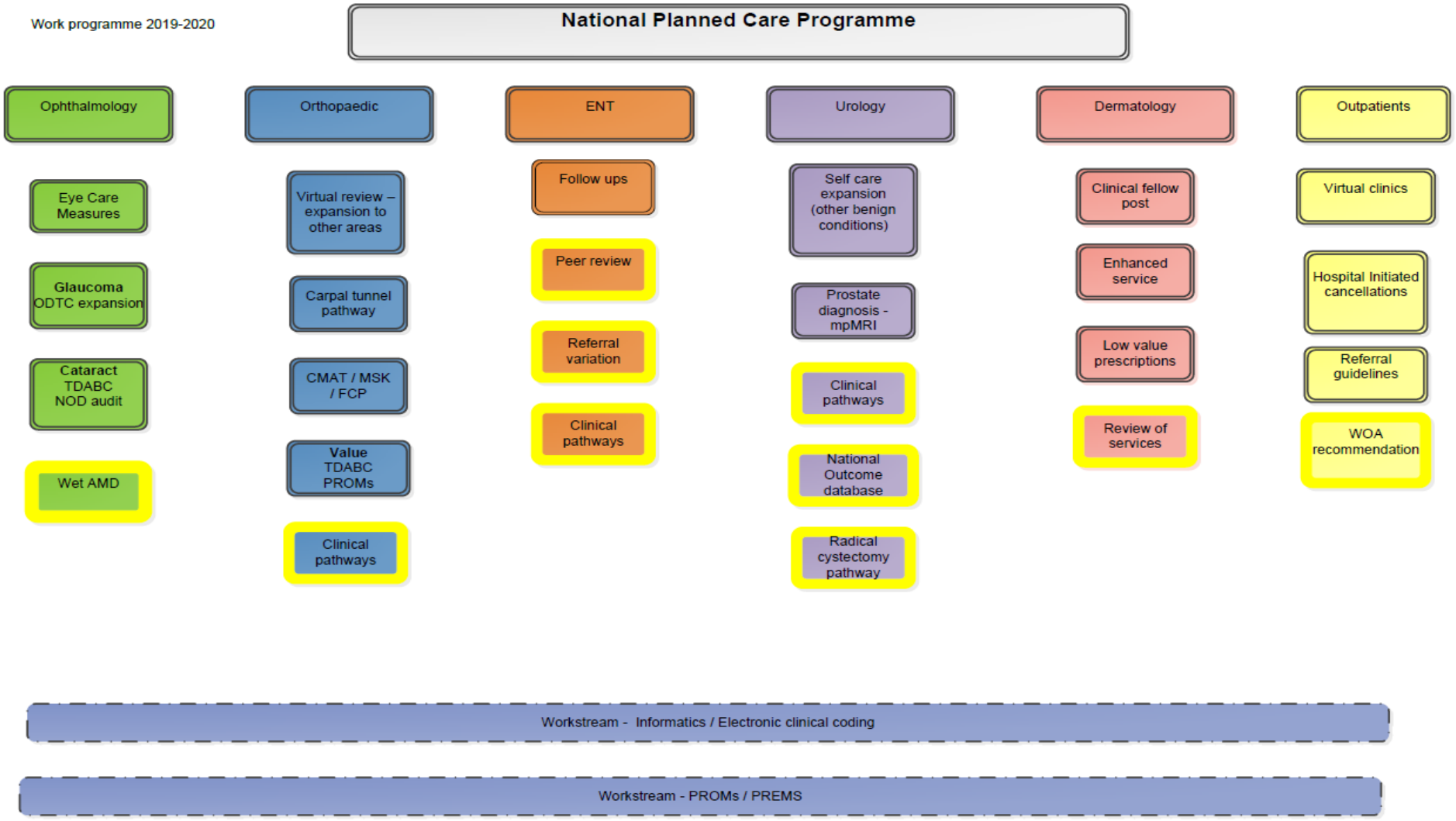
Recommendation 7: Strengthen clinical accountability

The Planned Care Clinical Lead has met with Medical Directors to secure their support for the Programme and engages with them on a regular basis to share and agree priorities and best practice. The Chief Operating Officer for Swansea Bay Health Board and SRO for the Planned Care Programme attended the Medical Directors meeting in March 2019. Three Assistant Medical Directors attend the outpatients steering group.

The Planned Care Programme progress report is shared with Medical Directors.

The programme has five clinical led implementation groups, each group has a clinical Chair nominated by the group. All health boards have active representation from their clinical leads on these groups and the work is clinically led. In order to ensure that the appropriate clinical engagement is secured, task and finish groups are established to take forward appropriate pieces of work. These groups work remotely allowing all clinicians to participate as appropriate. There is good clinical engagement at all the specialty boards across the five clinical boards.

All health boards have indicated discussions are ongoing with their local clinicians to revise job plans to better reflect their commitment to work differently. It is important their systems measure and capture activity that reflects a more patient focused pathway approach rather than a solely target driven process.


Work programme 2019-2020
National Planned Care Programme
Ophthalmology
Eye Care Measures
Glaucoma ODTC expansion
Cataract TDABC NOD audit
Wet AMD
Orthopaedic
Virtual review – expansion to other areas
Carpal tunnel pathway
CMAT / MSK / FCP
Value TDABC PROMs
Clinical pathways
ENT
Follow ups
Peer review
Referral variation
Clinical pathways
Urology
Self care expansion (other benign conditions)
Prostate diagnosis - mpMRI
Clinical pathways
National Outcome database
Radical cystectomy pathway
Dermatology
Clinical fellow post
Enhanced service
Low value prescriptions
Review of services
Outpatients
Virtual clinics
Hospital Initiated cancellations
Referral guidelines
WOA recommendation
Workstream - Informatics / Electronic clinical coding
Workstream - PROMs / PREMS